



CHESHIRE COUNTY COUNCIL.

EDUCATION COMMITTEE.

REPORT

OF THE

Chief School Medical Officer


FOR THE YEAR

1931

BY

IAN MACKAY,

M.B., Ch.B., D.P.H.



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MEDICAL INSPECTION.

STAFF.

School Medical Officer:

I'AN CAMPBELL MACKAY, M.B., Ch.B., D.P.H.

District School Medical Officers:

W. J. McIVOR, B.A., M.B., Ch.B., D.P.H.

MARY A. THOMAS, M.B., Ch.B., D.P.H.

R. J. CLARK, M.B., Ch.B., D.P.H.

MOYA MACAFEE, M.B., Ch.B.

GLADYS WILKINSON, M.R.C.S., L.R.C.P.

Ophthalmic Surgeons:

W. DUNLOP HAMILTON, M.B., B.Ch., D.O.M.S.

CYRIL JACOBS, M.D., M.B., B.S.

School Dental Surgeons:

H. R. PARRY, L.D.S. (Senior).

S. O. STEWART, L.D.S.

L. N. ALLEY, L.D.S.

A. F. HELY, L.D.S.

F. L. JONES, L.D.S.

F. JONES, L.D.S.

E. S. POULTER, L.D.S.

N. A. JAMES, L.D.S.

Health Visitors: 38.

Dental Nurses: 8.

Superintendent Clerk:

VINCENT O'CONNOR.

CHESHIRE COUNTY COUNCIL.
EDUCATION COMMITTEE.

INTRODUCTION.

*To the Chairman and Members
of the Education Committee.*

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the Annual Report on the work of the School Medical Service for the year 1931.

The scope and work of the Service goes on increasing, this year showing an increase of 1845 in the number of individual examinations, while the number of cases treated under the heading of minor ailments has practically doubled itself.

Two extra Dental Officers were appointed during the year and I would draw particular attention to page 14 of this Report dealing with the Dental Scheme which has been reorganised to a certain extent in the course of the year.

The Orthopaedic Scheme which is a most comprehensive one continues to do excellent work.

I would again wish to put on record my appreciation of the Committee's consideration and assistance in the advancement of the Service, also the help I have received from the Director of Education.

I have the honour to be,
Mr. Chairman, Ladies and Gentlemen,

Yours obediently,

IAN MACKAY.

CHESHIRE COUNTY COUNCIL.
EDUCATION COMMITTEE.

ANNUAL REPORT
OF THE
CHIEF SCHOOL MEDICAL OFFICER
for 1931.

The Administrative County of Chester comprises 45 Sanitary Districts of which 33 are Urban and 12 are Rural.

The Education Committee is the Local Education Authority for the whole Administrative County with the exception of 6 Municipal Boroughs situated within the County, *i.e.*,

Congleton, Crewe, Dukinfield, Hyde, Macclesfield and Stalybridge.

The total number of Schools in the whole educational area with their enrolments are as follows:—

			Schools.	Enrolments.
Elementary	..	..	341	59276
Secondary	..	..	19	5907

There are no special schools under the Committee.

New Schools (Elementary).

The following Schools have been opened during the year:

Cheadle Etchells Council (Mixed and Infants).

Ellesmere Port and Whitby, Chester Road Council Primary.

Marple, The Willows Council Senior.

Schools Closed.

New Ferry, Chester Road Council Primary.

Ellesmere Port and Whitby, Temp. Council (Junior Mixed).

Marple, Albert Council Mixed.

Co-ordination.

As stated in previous reports the co-ordination between the various medical services of the County is well maintained. The services chiefly concerned are the Maternity and Child Welfare, Tuberculosis and School services. When a child is transferred from the Maternity and Child Welfare Committee at the age of five to the Education Committee, a complete record of the child's health is transferred with it and attached to the school medical inspection card for further reference if necessary. The closest co-operation too is maintained between the School Medical Officers and the District Tuberculosis Officers, all cases of Tuberculosis found in the Schools being referred to the Dispensaries for observation by the Tuberculosis Officers, institutional treatment being provided where necessary. The Health Visitors also act as School Nurses.

School Hygiene.

The Assistant School Medical Officers in the course of their routine medical inspection make a survey of the premises and any defects are noted and referred to the Director of Education.

Medical Inspection.

The age groups examined during the year were those as laid down by the Board of Education and are as follows:—

1. Entrants.
2. Intermediates, *i.e.*, Children between the ages of eight and nine years.
3. Leavers, *i.e.*, Children between the ages of twelve and fourteen years.
4. Specials. Children specially brought forward by the Teachers, Health Visitors, Attendance Officers, or from some other source not in one of the above groups.
5. Re-Examinations.

The following figures show the gross numbers of children inspected during the year as compared with the three preceding years:—

	En- trants	Inter- medi- ates	Leavers	Other Routine Inspection	Spec- ials	Re- exams.	Total
1928	6238	6557	4969	625	6492	2809	27065
1929	6533	6261	4362	577	6568	2992	27313
1930	6781	6280	4755	1281	6690	3742	29529
1931	6957	6907	6150	—	7105	4255	31374

It is gratifying to see from the above figures that the number inspected in all the groups is increasing.

The method of recording the numbers of children inspected and re-inspected was altered in the beginning of the year and as a result the work of recording has been greatly facilitated.

It will be noted that the number of re-examinations of children found to have defects in the course of a Routine Examination again shows a considerable increase on previous years..

After each school inspection a list of all children suffering from defects requiring treatment is sent in to the Central Office. This information is passed on to the Health Visitor of the Area who follows up each individual case and reports whether treatment has been carried out or not and extent of treatment if any. Where the Health Visitor is unable to persuade parents to obtain treatment for serious defects the matter is passed on to the N.S.P.C.C. This latter course I am pleased to say it has been found seldom necessary to adopt.

Co-operation of Parents.

It is essential that parents should be encouraged to attend medical inspection. Not only does the School Medical Officer get valuable information regarding the child from the parent but he is also able to give advice as to the actual treatment necessary.

I am pleased to say that in this County the great majority of parents avail themselves of this excellent opportunity of discussing the child's welfare.

Co-operation of Teachers.

As in previous years the teachers have been of great assistance and have been most helpful. In fact the success of the School Medical Service owes much to the co-operation of the Teaching Staff.

Findings of Medical Inspection and Medical Treatment. *Uncleanliness.*

In the course of the year the School Nurses made 151,080 inspections and re-inspections for this condition. The number found to be unclean was 3,654 or 2.4%. This figure remains more or less constant, varying very little from year to year. In no case was legal proceedings necessary.

The percentage of uncleanness still remains on too high a level.

Dr. McAfee reports as follows:—

"Cleanliness amongst the children is decidedly disappointing, especially amongst the older girls. There is a very definite lack of self respect and personal pride in a girl who comes to School with an unclean head, and a dirty skin, and yet it is all too evident. It is quite interesting to note that in the Schools where the parents attend Routine Medical Inspections in large numbers, the number of children found with dirty heads is low, and vice versa. This is of course with reference to the Junior and Infant Departments. The pride the parents as a whole take in their own children and in the School all reflects on the standard of cleanliness set by the Head Teacher, and here in my opinion is the whole solution of the deplorably high figure found in the Schools. Where a Head Teacher does insist on Health parades and sees that all the Teachers enforce cleanliness then the result is splendid. On the other hand where it is not strictly enforced, the lack of cleanliness is all too obvious."

Minor Ailments.

The following Clinics are provided for the Treatment of Minor Ailments:—

Town	Address	When held
Altrincham	St. John's Vicarage Classroom, Altrincham	Monday, Wednesday & Friday mornings
Barnton	Barnton C.E. School, Northwich	Thursday mornings
Ellesmere Port	School Clinic, York Road, Ellesmere Port	Each morning
Hoole	55, Hoole Road, Chester	" "
Hoylake	8, Market Street, Hoylake	" "
Lymm	Child Welfare Centre, Booth's Hill, Lymm	" "
Middlewich	The Priory, Middlewich	" "
Nantwich	The Dowry, Nantwich	" "
Northwich	Parkfield, Middlewich Road, Northwich	" "
Runcorn	29, High Street, Runcorn	" "
Sale	70, Chapel Road, Sale	" "
Winsford	The Parsonage, Weaver Street, Winsford	Monday, Wednesday & Friday mornings

During the year 7,972 ailments were treated, of those 7,631 were treated under the Authority's scheme and 341 otherwise.

This shows an increase of 3,142 Minor Ailments treated over 1930.

Malnutrition.

The number of children it was found necessary to refer for treatment for this condition in the course of routine medical inspection was only 159.

Tonsils and Adenoids.

The number of children found to be suffering from enlarged Tonsils or Adenoids or a combination of both still remains very high. Altogether 1,396 children were found at Routine Medical Inspection and 238 otherwise to require Treatment.

The figure representing the number of operations for Tonsils and Adenoids has increased steadily each year since the commencement of the scheme, and I am definitely of opinion that many children are unnecessarily referred for operation and that if they were referred for observation for a definite period it would be found that the tonsils had subsided, the enlargement often temporary, being merely due to some slight local condition the chief one being carious teeth.

In the course of the year several conferences were held with the Assistant School Medical Officers and the matter discussed at length when it was decided that (1) more cases where the enlargement appears to be due to local causes should be referred for observation; (2) the visit of the dentist to the Schools should be arranged to follow as closely as possible that of the Assistant School Medical Officer. Before any child is referred for operative treatment the mouth is thoroughly overhauled and by having the Dental Inspection coinciding with the Routine Medical Inspection no valuable time is lost.

I feel confident that by this procedure the number of cases referred for operative treatment will be considerably reduced.

In reporting on this subject Dr. McAfee reports as follows:

"The question of recommending children for the removal of Tonsils and Adenoids interests me very much and my general impression is that we are recommending far too large a number for the operation. The children that I myself have recommended for tonsillectomy over a year ago on the whole do not show the improvement I had expected. Several of them still had colds, ear troubles and the Mother "could not see any great improvement." There were a number that had greatly benefited but they were under 50%.

In going into the numbers of routine cases examined during the last three months and inquiring from all the girls and boys of eleven years and over:—

- (1) Whether or not they had had an operation for enlarged tonsils and adenoids.
- (2) Whether their health was good.
- (3) Whether they had frequent colds.

I obtained the following conclusions:—

- (a) That 30% of all these children had had the operation.
- (b) That in 33% of these operative cases the result had been unsatisfactory. By this I mean that their existing defects had not disappeared, their general health had not improved, or they still had frequent colds. In all these cases the operation had been well and skilfully done.
- (c) 20% of these operation cases still complained of frequent colds whereas in the children who had not had the operation only 4% of these complained of frequent colds.
- (d) Amongst the children I had referred for further observation *re* removal of Tonsils and Adenoids, only 38% in my opinion still required treatment, the other had subsided and did not complain of any symptoms.

Tuberculosis.

All cases of tuberculosis or suspected tuberculosis when found in the course of medical inspection are immediately referred to the Tuberculosis Dispensaries which, as already stated, work in close co-operation with the School Medical Service.

The following Table will show at a glance the incidence of the various types met with:—

Pulmonary—

Definite	Nil
Suspected	30

Non-Pulmonary—

Glands	18
Spine	2
Hip	—

Other Bones & Joints—

Skin	4
Other Forms	14

INSTITUTIONAL TREATMENT OF TUBERCULOUS CHILDREN
Pulmonary Cases.

			Males.	Females	Total
Children in Sanatoria					
1st January, 1931	..	..	10	9	19
Admissions during 1931—					
Definitely Tuberculosis cases	..	..	16	7	23
Observation cases	..	..	—	—	—
Discharged during 1931—					
Definitely Tuberculosis cases	..	..	13	11	24
Observation cases	..	..	—	—	—
Children in Sanatoria 31st					
December 1931	..	..	13	5	18

Condition of Patients on discharge:—

Definitely Tuberculosis cases.

	Pulmonary				Bones		
	Class T.B. Minus	Group I.	Group II.	Group III.	Abdom- inal	Other Organs	and Joint
Quiescent	10	1	1	—	3	4	12
Not quiescent	7	—	1	1	29	48	30
Died in the Institution	1	—	—	1	—	2	2
Total	.. 18	1	2	2	32	54	44

Observation cases:—

Non-Pulmonary

Definitely Tuberculosis	..	..	—
Non-Tuberculosis	..	..	3
Doubtfully Tuberculosis	..	..	1

NOTIFICATION OF TUBERCULOSIS IN SCHOOL CHILDREN
AGES 5 TO 15.

The following Table shows the notifications on Forms A. and B. of School Children, aged 5 to 15, for the years 1920—1931:—

Year	Form A.					Form B.					Total notifi- cations Ages 5 to 15.
	Pul- monary		Non-Pul- monary		Total Form A.	Pul- monary		Non-Pul- monary		Total Form B.	
	M.	F.	M.	F.		M.	F.	M.	F.		
1920	25	44	39	33	141	8	8	2	1	19	160
1921	23	53	55	50	181	3	2	—	3	8	189
1922	21	28	57	46	152	—	—	3	1	4	156
1923	19	22	69	49	159	—	—	—	1	1	160
1924	21	29	75	64	189	1	—	5	4	10	199
1925	12	15	77	57	161	—	—	3	—	3	164
1926	15	25	60	59	159	—	—	1	1	2	161
1927	19	19	73	51	162	—	—	1	5	6	168
1928	17	16	66	49	148	1	—	3	1	5	153
1929	18	21	65	54	158	—	—	1	1	2	160
1930	9	19	69	48	145	1	1	1	—	3	148
1931	14	12	60	54	140	Not now applicable.					

Infectious Skin Diseases.

The incidence of minor infectious skin conditions still remains much higher than it should be and I would again stress the necessity of early treatment in such cases to avoid spread of infection. Too little importance is attached to minor infections of this sort and unfortunately accounts for many exclusions from school which could quite well be avoided if children so affected were advised to seek early treatment.

During the year 2,413 cases were referred for treatment, of which 2,276 were cases of Impetigo.

Ringworm of the Scalp.

There is a slight increase in the number of cases reported this year, there being 132 referred for treatment as compared with 81 last year. The only satisfactory treatment of this condition is by X-Rays, any other method of treatment being a long and tedious process often necessitating long absences from school, and as often occurs where X-Rays are not employed immediately, other members of the family become infected.

X-Ray treatment is now available to those who wish to avail themselves of it.

Ringworm of the Body.

This condition is much more amenable to treatment and does not seriously interfere with a child's attendance at school. This year 145 cases were reported, 144 being treated under the Authority's Scheme and 1 otherwise.

Scabies.

The incidence of Scabies again shows a slight increase this year, 125 cases being reported as against 74 last year. Of these 119 were treated under the Authority's Scheme and 6 otherwise.

External Eye Diseases.

During the year 417 cases were reported under this heading by the Assistant School Medical Officers in the course of routine medical inspections, 256 being cases of Blepharitis all of which were referred for treatment, the majority being treated at the Minor Ailments Clinics.

A considerable number of external eye defects are referred to the clinics direct by the teachers and school nurses and during the year 850 cases were treated at the various Clinics.

Vision.

Defective vision still continues to be one of the principal defects found in the course of medical inspection, 3,005 children being referred to the Ophthalmic Surgeons for treatment. In addition to this number 811 were referred for Squint and other conditions.

The extent of the work of the Ophthalmic Surgeons can be seen by a reference to Table IV. (Group II.).

The work of the Ophthalmic Surgeons during the year is set out in the following Table:—

Number examined	..	..	..	2921
Glasses prescribed	..	..	..	1323
Glasses not prescribed..	..	..	..	1598
Blepharitis	..	..	..	94
Conjunctivitis	..	..	..	53
Keratitis	..	..	..	12
Corneal Opacities	..	..	..	59
Other conditions	..	..	..	813

Children examined were those selected by the Assistant School Medical Officers, cases which Head Teachers and Parents asked to be examined and children who had had glasses prescribed for them in previous years. Examinations are carried out in individual Schools and at the School Clinics.

Dental Scheme.

In the report of last year it was pointed out that to have an efficient Dental service it would be necessary to increase the Dental staff. As a result two additional Dental Officers were appointed and the scheme extended to the treatment of children under school age, the Maternity and Child Welfare Committee agreeing to bear the cost of one of the additional dentists. There are now eight Dental Officers on your staff, each one giving up $\frac{2}{3}$ of his time to the work under your Committee and $\frac{1}{3}$ to that of the Maternity and Child Welfare Committee. In this way each Dental Officer is responsible for the treatment of all children from birth to School leaving age in his area. This co-ordination of the work of the two Committees should prove a most valuable asset to both services. To put this scheme into effect a certain amount of re-organisation was necessary, so your Committee decided to appoint Mr. Parry, already a member of your staff, as Senior Dental Officer. The full effect of the scheme as now in force, will not be apparent however until the next report, when I feel confident a very marked improvement will be shown.

Mr. Parry in his report on the service as a whole summarises the work and its development since its inception in 1920, when the scheme was started with the appointment of one Dental Officer.

The following Table shows the essential details of the work done during those years:—

SUMMARY OF DENTAL REPORTS FOR 1920—1931, INCLUSIVE.

Year	Number of Dentists	Number Inspected	Number selected	Percentage Selected	Number Treated	Percentage Treated	Number of Fillings	Number of Extractions
1920	1	2894	2696	93%	845	31%	876	2150
1921	1	3929	3495	83%	1939	55%	752	5460
1922	1	6603	5284	80%	4444	84%	247	8860
1923	1	2480	2205	88%	1145	51%	1198	3126
1924	1 for 12 months and 2 for 6 months	4985	4338	87%	2337	53%	2932	6919
1925	3 for 12 months 1 for 3 months	9520	7894	82%	4021	50%	4578	8935
1926	4	12356	8857	71%	4749	53%	4068	11242
1927	5	17484	12917	73%	6599	51%	5583	15067
1928	5	23823	15825	66%	9184	58%	5531	20768
1929	6	30984	19574	63%	11054	56%	7095	25734
1930	7	30914	22002	71%	13169	59%	7885	30279
1931	7 for 12 months 1 for 2 months	36217	25639	72%	16193	63%	11535	33834

At the present moment there are 57,800 children on the School Registers which means that each of the 8 Dental Officers giving $\frac{1}{4}$ of his time to School Dental work has 8257 children to attend to. It is stated in Sir George Newman's report that no Dental Officer can carry out his work efficiently if more than 4,000 children are under his care. It will be seen therefore that with the present Dental Staff complete Dental supervision should not be attempted.

A new system has now been introduced which has the approval of the Board of Education, and provides that children aged 5 to 10 years inclusive, in all schools in the County will be annually inspected and treated together with all the children over the age of 10 years who have previously accepted treatment. By this means every school in the County will have an equal chance of accepting the advantages offered under the scheme, and each Dental Officer will be able to carry out his work efficiently in the given time.

All clerical work and methods of inspection have now been standardised throughout the County, so that if necessary any one Dental Officer can take over the work from another at any time without any special instructions or loss of time.

Under the new system, next year should show a smaller number of children inspected, but a considerable increase in the number actually treated.

During the Routine Medical Inspection made by the Assistant School Medical Officers 2,316 children were found to have some dental disease. In addition to this, out of 36,217 children inspected by the School Dentist, 25,639 or 77% were found to require treatment. Of this number 16,193 were actually treated. Altogether there were 18,573 attendances by children for treatment.

Orthopædic Scheme.

The Orthopædic Clinics or after-Care Centre is one of the most recent developments in connection with the treatment of children suffering from crippling conditions in all forms.

By the formation of these Clinics it is intended, first, to shorten the long period of Institutional treatment so reducing expenditure and secondly, to make fuller use of existing hospital accommodation by releasing beds more rapidly for active treatment. In the past, in order to ensure expert supervision, it has been necessary to afford prolonged periods of Institutional treatment.

The Orthopædic Clinic established in the Administrative County up to the present, together with the days and times of opening are as follows:—

Place.	Day.	Time.	Surgeon.	Surgeon Attends
Cottage Hospital, Alderley Edge	Alternate Thursdays	2 p.m. to 4 p.m.	Mr. Poston	.. Once every 2 or 3 months
General Hospital, Altrincham	.. Fridays	.. 2 p.m. to 4 p.m.	.. Mr. Poston	.. Once monthly
15, St. John Street, Chester	.. Fridays	.. 10 a.m. to 12 30 p.m. ..	} As arranged by Committee of Shropshire Orthopædic Hospital	
Old Railway Hotel Crewe ..	.. Tuesdays	.. 10 0 a.m. to 12 30 p.m.		
Welfare Centre, Ellesmere Port	.. Monday	.. 2 30 to 4 30 p.m.	.. Dr. Martin	.. Fourth Monday each month
Welfare Centre, 8, Market Street, Hoylake	Fridays	.. 2 30 p.m. to 4 30 p.m. ..	Dr. Martin	.. Third Friday each month
Orthopædic Clinic, Parsonage Street, Hyde	Monday Wednesday Friday	.. 10 a.m. to 5 30 p.m. .. 10 0 a.m. to 12 30 p.m. .. 10 0 a.m. to 5 30 p.m. ..	Mr. Poston	.. Third Monday each month
Welfare Centre, Recreation Ground New Ferry	Monday	.. 2 30 p.m. to 4 30 p.m. ...	Dr. Martin	.. Second Monday each month
Welfare Centre, 29, High Street, Runcorn	Friday	.. 11 0 a.m. to 1 0 p.m. ..	Dr. Martin	.. First Friday each month
Welfare Centre, Methodist Sunday School, Stockton Heath	Friday	.. 2 30 p.m. to 4 30 p.m. ...	Dr. Martin	.. First Friday each month

The Surgeons who attend the Clinics are on the staff of the Institutions to which patients are sent for treatment so that patients on discharge will continue under the supervision of the Surgeon who carried out the active treatment in hospital.

The staff of each Clinic also includes an Orthopædic Sister, fully trained in Orthopædic splint and plaster work, and a Masseuse, so that certain patients can be effectively treated as out-patients under the supervision of the Orthopædic Surgeon.

The Orthopædic Sister and the Masseuse attend the Clinics weekly to carry out treatment ordered by the Surgeon, such as re-application of plasters, and re-adjustment of splints and appliances.

The Institutions which are available for the treatment of these Orthopædic cases are:—

The Shropshire Orthopædic Hospital, Oswestry;
 The Leasowe Hospital for Children;
 The Royal Liverpool Hospital for Children, Heswall;
 The Ancoats Hospital, Manchester;
 Hartshill Orthopædic Hospital.

The number of children of school age who received treatment in Orthopædic Hospitals during the year 1931 was 35.

Blind, Deaf, Defective and Epileptic Children.

As is the case with most Authorities the lack of Institutional accommodation for mentally defective children is most acute.

The County Council have purchased the Cranage Hall Estate with the view to establishing a Mentally Defective Colony there. This work cannot be too quickly advanced on account of the urgent need for such accommodation.

The case of the child suffering from combined defects is another very acute problem as there is enormous difficulty in finding suitable accommodation for such cases.

School Closure.

The number of schools closed during the year on account of infectious disease is given in the following Table:—

Schools Closed by the School Medical Officer.

Measles	..	..	..	4
Scarlet Fever	..	..	..	1
Whooping Cough	..	..	..	8
Mumps	..	..	..	0
Influenza	..	..	..	12
Chicken Pox	..	..	..	0
Diphtheria	..	..	..	4

The old tendency to close schools on account of infectious disease has been proved in many cases to be of no great advantage. It is often an advantage during times of epidemics to have the children under the supervision of the teacher and the School Medical Officer when the first sign of sickening can be observed and prompt action taken. When schools are closed the children are bound to mix and play together in the streets, go to cinemas, etc., and be under no supervision of any kind, with the result that infection spreads much more rapidly and slight attacks pass undetected.

Employment of School Children.

During the year 281 children were examined under the Employment of Children Bye-Laws.

Miscellaneous Work.

The School Medical Officers made many visits to schools and examined large numbers of children in connection with outbreaks of diphtheria, etc. and to ascertain the fitness of children to take part in open air swimming and camp life.

Cases dealt with by N.S.P.C.C.

The seven Inspectors of the N.S.P.C.C. who cover the County dealt with 150 cases referred to them by Health Visitors and Head Teachers. It is gratifying to observe the earnestness and tact shown by these officers in carrying out this difficult work.

Provision of Meals.

In accordance with the procedure adopted in previous years, the County Education Committee supplied free meals to Necessitous School Children in the Altrincham, Central Wirral and Sale Districts from January to the 31st March, 1931.

In many schools in the County Area, Dinner Schemes for Non-Necessitous School Children are in operation whereby the children remaining in school during the mid-day interval are provided at a small charge with either hot drinks or with a cooked dinner. In many instances these schemes are entirely self-supporting, but in other cases the County Committee makes a grant towards the wages of a cook employed to prepare the meals and pays for the cost of utensils required.

Supply of Milk to Necessitous School Children.

Until this year the supply of milk to necessitous children was carried out only in one area where the Administrative Sub-Committee agreed to adopt the scheme, which was as follows:—

- (1) The names of any children considered by the teacher to require milk are notified to the Director of Education
- (2) The Medical and Public Assistance Department are in turn notified of these children, and,
- (3) If the necessity is proved from both medical and financial standpoints arrangements are made by the District Education Committee for the supply of milk locally.

This scheme appeared to work satisfactorily, but the one disadvantage was that there was no control over the actual supply or quality of the milk supplied.

During the year your Committee decided to make the scheme general for the whole County, but with the following amendments:—

- (1) Similar arrangements to those outlined above, to apply where necessary to any other district in the County.
- (2) The milk supplied to be Grade A where this is procurable
- (3) The County Medical Officer of Health to have the right to stop the purchase of milk from any particular farm if he has reason to suspect that it is not a pure supply
- (4) The milk to be supplied in one-third pint bottles and provided with disc and straw, or in sealed churns, the milk to be distributed to the children immediately on opening. Beakers to hold one-third pint being provided for children's use and proper sterilization of such being carried out.

- (5) That in those districts where a suitable supply of milk can be obtained the supply of Proprietary Foods such as Horlicks, etc., be discontinued.

It was also agreed to extend the scheme to non-necessitous children on payment by them for the milk supplied. At the present moment the scheme has been adopted by a large number of schools in the County.

Secondary Schools.

The results of Medical Inspection in the Secondary Schools are set out in Appendix II. at the end of this report.

On reference to this Table it will be seen that the great majority of defects is limited to teeth, eyes, and throat conditions.

Dr. Thomas again draws particular attention to the large percentage of postural defects amongst secondary school girls examined by her during the year. She states:—

“The poor posture was very marked, and on investigation was found to be confined chiefly to children who had either not been to school before, or had been to a private school where suitable games and gymnastics were not taught. To commence with, I found 18.3% of one school suffering from Flat Feet, only 1.5% of the amount being due to Trauma (Fractures). In addition, to the poor muscle tone, was the fact that the children were all wearing rubber shoes with no heels or support for the in-steps. This was to overcome the noise made by leather shoes with heels on the stone corridors. Those who had good muscle tone had suffered no definite ill-effects, but the others did not appear to have the necessary muscle tone to stand up to the extra strain, and the deformity was too obvious.

They are now wearing shoes with heels and support for the in-steps and the improvement on re-examination was very satisfactory. They are all doing exercise both at school and at home, and now they are able to correct the deformity, and maintain it in a corrected position in about 50% of the cases, which suggests that the games and exercises are showing their beneficial results. I would like to mention that all new girls have ten minutes drill each day. I saw several poor postures with round shoulders, lax abdominal muscles, showing a very encouraging improvement, but the poor postural conditions and general muscle tone of the children from private schools, where no games and drill had been taught, struck me as forcibly as anything I have noticed.”

Physical Training.

The special feature of the work in connection with Physical Training during the past year has been the particular attention given to the further development of the subject in senior schools.

Since the issue of the Board of Education's Syllabus in 1919, much progress has been made in the physical training in the elementary schools, and it is thought that the time has now arrived when more advance should be made, especially with the senior scholars. With this object in view, the Board has issued the "Reference Book of Gymnastic Training for Boys" and a "Supplement for older Girls." These publications are intended as a guide to teachers, in order that the present system of physical training may be more fully developed.

The provision of Teachers' Classes, dealing specially with the requirements of the more advanced work for senior boys and girls is considered of great importance, and, therefore, during the past year classes for teachers in senior schools have been conducted by the County Inspectors of Physical Training at two centres in the County (Altrincham and New Ferry). These classes were for two hours weekly, and extended over a period of sixteen weeks. The classes were well attended, and have given a training to teachers which will enable them to carry out the more advanced work which is desired in their schools. The provision of certain portable apparatus is a necessity for these schools if the full scheme of work is to be carried out, and it is hoped that in due course, such apparatus will be provided in those schools which have suitable accommodation for its employment. The present necessity for economy will probably prevent the desired supply of apparatus being provided in many of the senior schools, and teachers who have attended classes will have to arrange the work so as to make the maximum progress possible without apparatus, and so prepare for the time when apparatus can be obtained for their schools.

It should be realised that the physical training in the Infant and Junior classes is the foundation of the work in the Senior schools, and satisfactory development can be attained only when efficient teaching is given in the lower classes. As a general rule, more attention should be paid to a correct performance of formal exercises, and informal and free movements should not form a prominent feature of the usual lesson. General Activity Exercises, which include marching, running, jumping, etc., should be more carefully planned and graduated, while the arrangements of 'group work' in these activities and also in games should be introduced with much greater frequency than is the case at present. This necessity, as well as other

features of modern developments have been dealt with at meetings of teachers in all districts in the County. In order that definite progression might be made in general activity work and games, each teacher should arrange a definite scheme for the term's work.

Organised Games. The development of the organisation of team games has made some progress during the past year. More variety has been noted in the games played, and preliminary games and practices have been introduced into the general activity periods of the physical training lesson as well as during the organised games periods. These preliminary practices and training should form a special feature of games organisation in all classes, and the employment of minor team games is strongly recommended in the Junior and Senior classes. When the more highly organised games are played by Senior classes, attention should be given to the special features and tactics of such games by definite coaching.

Folk Dancing. The steady progress made in this branch of the physical training has been maintained during the past year, and the interest taken in the work is proved by the number of schools which enter teams in Folk Dancing competitions which are held in the various parts of the County. The number of successes gained in these competitions shows that the standard of work in many of the schools is very satisfactory.

Swimming. During the swimming season of 1931, 2663 boys and 2160 girls attended the swimming baths for a course of swimming instruction, and the results of the season's work proved very satisfactory, 695 boys and 592 girls learning to swim, while the number of certificates gained was 346 First Grade and 875 Second Grade. The progress of Life Saving has once more shown a distinct advance, a record number of awards of the Royal Life Saving Society being gained by both girls and boys. Such progress has only been possible by the efforts of many teachers who have given special attention to this work out of school time, and they are to be commended for their work. The following Table shows the number of awards gained during the past seven years:—

	Hon. Instructors Certificates	Hon. Teachers Certificates	Bronze Medal- lions	Profic- iency Certifi- cates	Elem- entary Certifi- cates	Total No. of Awards
1925	—	—	9	9	—	18
1926	2	—	13	27	6	48
1927	5	—	6	35	72	118
1928	2	—	24	51	106	173
1929	3	3	23	77	106	212
1930	9	1	24	100	102	236
1931	7	8	48	123	126	312

Camping. The third annual Schools' Camp for boys was held at Staithes, N.E. Yorks., during Whit-week, when a party of 130 boys and 12 masters in charge of Mr. J. B. Hall, County Inspector of Physical Training, spent a very successful week in camp.

During September a week's camping holiday was arranged for boys of the Nantwich and District Schools, when a party of 52 boys and 8 masters spent a most successful week in camp at Conway, N. Wales. A unanimous desire was expressed for the arrangement of a similar camp next September.

At both these camps the entire expense was borne by the boys and masters and there is no doubt that similar arrangements at future times will meet with success.

M. ALTHAM,
JOS. B. HALL,
County Inspectors of Physical Training.

APPENDIX I.

STATISTICAL TABLES.

Public Elementary Schools.

Table I.—Return of Medical Inspections.

(A.) Routine Medical Inspections.

Number of Code Groups Inspections—

Entrants	...	...	6957
Intermediates	...	...	6907
Leavers	...	...	6150
		Total	20014

(B.) Other Inspections.

Number of Special Inspections	...	7105
Number of Re-inspections	...	4255
	Total	11360

Table II.

A.) Return of Defects found by Medical Inspection
in the year ended 31st December, 1931.

DEFECT OR DISEASE.	Routine Inspections.		Special Inspections.	
	No. of Defects requiring Treatment.		No. of Defects requiring Treatment.	
MALNUTRITION	137		22	
UNCLEANLINESS	638		103	
SKIN—				
Ringworm—				
Scalp	8		124	
Body	3		144	
Scabies	18		119	
Impetigo	153		2123	
Other Diseases (Non-Tuberculous)	56		557	
EYE—				
Blepharitis	135		121	
Conjunctivitis	17		52	
Keratitis	1		11	
Corneal Opacities	9		71	
Defective Vision (excluding Squint)	1037		1968	
Squint	146		538	
Other Conditions	11		116	
EAR—				
Defective Hearing	84		33	
Otitis Media	103		44	
Other Ear Diseases	4		21	
NOSE AND THROAT—				
Enlarged Tonsils only	377		89	
Adenoids only	188		47	
Enlarged Tonsils & Adenoids	724		171	
Other Conditions	57		25	
ENLARGED CERVICAL GLANDS (Non-Tuberculous)	81		19	
DEFECTIVE SPEECH	17		6	
TEETH—Dental Diseases	2030		236	
HEART AND CIRCULATION—				
Heart Disease—				
Organic	81		26	
Functional	21		7	
Anæmia	269		67	
LUNGS—				
Bronchitis	165		18	
Other Non-Tuberculous Diseases	25		10	
TUBERCULOSIS—				
Pulmonary—				
Definite	—		2	
Suspected	20		5	
Non-pulmonary—				
Glands	15		4	
Spine	2		1	
Hip	1		—	
Other Bones and Joints	—		—	
Skin	4		—	
Other Forms	10		9	
NERVOUS SYSTEM—				
Epilepsy	3		6	
Chorea	10		2	
Other Conditions	13		6	
DEFORMITIES—				
Rickets	10		2	
Spinal Curvature	20		3	
Other Forms	54		20	
Round Shoulders	35		12	
OTHER DEFECTS AND DISEASES	304		82	

Table II.

(B.) Number of individual Children found at Routine Medical Inspection to require Treatment (excluding Uncleanliness and Dental Diseases).

GROUP.	Number of Children.		Percentage of Children found to require Treatment.
	Inspected.	Found to require Treatment.	
Code Groups—			
Entrants	6957	1413	20·3
Intermediates	6907	1428	20·6
Leavers	6150	1113	18·0
Total (Code Groups)	20014	3954	19·7
Other Routine Inspections	—	—	—

TABLE III.—Return of all Exceptional Children in the Area.

			Boys.	Girls.	Total.
Children suffering from the following types of Multiple Defect, i.e., any combination of Total Blindness, Total Deafness, Mental Defect, Epilepsy, Active Tuberculosis, Crippling (as defined in penultimate category of the Table), or Heart Disease ...					
			22	14	36
BLIND (including partially blind).	(1) Suitable for training in a School or Class for the totally blind ...	Attending Certified Schools or Classes for the Blind ...	10	5	15
		Attending Public Elementary Schools ...	—	—	—
		At other Institutions ...	1	—	1
		At no School or Institution ...	3	3	6
	(2) Suitable for training in a School or Class for the partially blind ...	Attending Certified Schools or Classes for the Blind ...	1	2	3
		Attending Public Elementary Schools ...	15	16	31
		At other Institutions ...	—	—	—
		At no School or Institution ...	3	1	4
DEAF (including deaf and dumb and partially deaf).	(1) Suitable for training in a School or Class for the totally deaf or deaf and dumb ...	Attending Certified Schools or Classes for the Deaf ...	19	11	30
		Attending Public Elementary Schools ...	—	—	—
		At other Institutions ...	—	—	—
		At no School or Institution ...	1	2	3
	(2) Suitable for training in a School or Class for the partially deaf ...	Attending Certified Schools or Classes for the Deaf ...	3	4	7
		Attending Public Elementary Schools ...	11	9	20
		At other Institutions ...	—	—	—
		At no School or Institution ...	—	—	—
MENTALLY DEFECTIVE.	Feeble-minded (cases not notifiable to the Local Control Authority).	Attending Certified Schools for Mentally Defective Children..	21	8	29
		Attending Public Elementary Schools ...	154	132	286
		At other Institutions ...	—	—	—
		At no School or Institution ...	21	16	37
EPILEPTICS.	Suffering from severe epilepsy .	Attending Certified Special Schools for Epileptics ...	4	—	4
		In Institutions other than Certified Special Schools ...	—	—	—
		Attending Public Elementary Schools ...	3	1	4
		At no School or Institution ...	3	2	5
	Suffering from epilepsy which is not severe ...	Attending Public Elementary Schools ...	18	16	34
		At no School or Institution ...	—	—	—
	Active pulmonary tuberculosis (including pleura and intrathoracic glands)	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	11	6	17
		At other Institutions ...	—	—	—
		At no School or Institution ...	5	8	13
PHYSICALLY DEFECTIVE.	Quiescent or arrested pulmonary tuberculosis (including pleura and intrathoracic glands)	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ...	—	—	—
		At Certified Residential Open-Air Schools ...	—	—	—
		At Certified Day Open-Air Schools ...	—	—	—
		At Public Elementary Schools...	37	31	68
		At other Institutions ...	—	—	—
		At no School or Institution ...	17	15	32

TABLE III.—continued.

PHYSICALLY DEFECTIVE.			Boys. Girls.		Total.
Tuberculosis of the peripheral glands	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ..	...	6	7	13
	At Certified Residential Open-Air Schools ..	...	—	—	—
	At Certified Day Open-Air Schools ..	...	—	—	—
	At Public Elementary Schools ..	...	67	64	131
	At other Institutions ..	...	—	—	—
	At no School or Institution ..	...	35	37	72
	At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board ..	...	7	6	13
	At Certified Residential Open-Air Schools ..	...	—	—	—
	At Certified Day Open-Air Schools ..	...	—	—	—
	At Public Elementary Schools ..	...	17	23	40
Abdominal tuberculosis	At other Institutions ..	...	—	—	—
	At no School or Institution ..	...	19	24	43
	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ..	...	15	6	21
	At Public Elementary Schools ..	...	41	35	76
	At other Institutions ..	...	—	—	—
Tuberculosis of bones and joints (not including deformities due to old tuberculosis)	At no School or Institution ..	...	32	29	61
	At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board ..	...	1	—	1
	At Public Elementary Schools ..	...	3	5	8
	At other Institutions ..	...	—	—	—
Tuberculosis of other organs (skin, &c.)	At no School or Institution ..	...	14	16	30
	At Certified Residential Open-Air Schools ..	...	22	13	35
	At Certified Day Open-Air Schools ..	...	—	—	—
	At Public Elementary Schools ..	...	363	423	846
Delicate Children, i.e., all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open-Air School	At other Institutions ..	...	—	—	—
	At no School or Institution ..	...	16	19	35
	At Certified Hospital Schools ..	...	3	2	5
	At Certified Residential Cripple Schools ..	...	—	—	—
	At Certified Day Cripple Schools ..	...	—	—	—
Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Public Elementary Schools ..	...	126	151	277
	At no School or Institution ..	...	(11) 30	(15) 33	26
	At no School or Institution ..	...	(15) 30	(18) 33	63
	At no School or Institution ..	...	(15) 30	(18) 33	33
	At no School or Institution ..	...	(15) 30	(18) 33	33
Children with heart disease, i.e., children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary school	At Certified Hospital Schools ..	...	—	—	—
	At Certified Residential Cripple Schools ..	...	—	—	—
	At Certified Day Cripple Schools ..	...	—	—	—
	At Certified Residential Open-Air Schools ..	...	2	1	3
	At Certified Day Open-Air Schools ..	...	—	—	—
	At Public Elementary Schools ..	...	20	16	36
	At other Institutions ..	...	—	—	—
	At no School or Institution ..	...	6	5	11

Table IV.—Return of Defects Treated during the year ended 31st December, 1931.

Treatment Table.

Group I.—Minor Ailments (excluding Uncleanliness, for which see Group V).

Disease or Defect. 1	Number of Defects Treated, or under Treatment during the year.		
	Under the Authority's Scheme. 2	Otherwise. 3	Total. 4
SKIN—			
Ringworm—Scalp ...	124	4	128
Ringworm—Body ...	144	1	145
Scabies ...	119	6	125
Impetigo ...	2223	62	2285
Other Skin Disease ...	757	33	790
MINOR EYE DEFECTS (External and other, but excluding cases falling in Group II.)	789	61	850
MINOR EAR DEFECTS ...	753	52	805
MISCELLANEOUS (e.g. Minor injuries, bruises, sores, chilblains, etc.)	2722	122	2844
Total ...	7631	341	7972

Group II.—Defective Vision and Squint (excluding Minor Eye Defects Treated as Minor Ailments—Group I.).

Disease or Defect. 1	Number of Defects dealt with.			
	Under the Authority's Scheme. 2	Submitted to Refraction by Private Practitioner or at Hospital apart from the Authority's Scheme. 3	Otherwise. 4	Total. 5
Errors of Refraction (including Squint). (Operations for Squint should be recorded separately in body of the Report) ...	2571	152	121	284
Other Defect or Disease of the Eyes (excluding those recorded in Group I.) ...	322	—	99	421
Total ...	2893	152	220	3265

Total number of Children for whom Spectacles were prescribed—

(a) Under Authority's Scheme	...	1323
(b) Otherwise	...	101

Total number of Children who obtained or received Spectacles—

(a) Under Authority's Scheme	...	986
(b) Otherwise	...	290

Group III.—Treatment of Defects of Nose and Throat.

NUMBER OF DEFECTS.				
Received Operative Treatment.			Received other forms of Treatment.	Total Number Treated.
Under the Authority's Scheme, in Clinic or Hospital. 1	By Private Practitioner or Hospital, apart from the Authority's Scheme. 2	Total. 3		
1397	120	1526	308	1834

Group IV.—Dental Defects.

(1) Number of Children who were

(a) Inspected by the Dentists :—

(a) Inspected by the Inspector				Aged			Total.	
Routine age Groups	{	5	...	2555				
		6	...	4334				
		7	...	4661				
		8	...	4868				
		9	...	5084				
		10	...	5203				
		11	...	4167				
		12	...	2488				
		13	...	1740				
		14	...	580				
						35680		
Specials	...	...	...	...	...	537	
						Grand Total	...	36217
(b)	Found to require Treatment	...	...	...	...	25639	
(c)	Actually Treated	...	...	...	...	16193	
(d)	Re-treated during the year as the result of periodical Examination	...	...	...	...	—
(2)	Half-days devoted to Inspection	...	763	}				
"	" Treatment	...	1985		Total	2748		
(3)	Attendances made by Children for Treatment	...	...			18573	
(4)	Fillings—	Permanent Teeth	...	8764	}			
		Temporary Teeth	...	2771		Total	11535	
(5)	Extractions—	Permanent Teeth	...	3821	}			
		Temporary Teeth	...	30013		Total	33834	
(6)	Administration of general Anaesthetics for Extractions						—	
(7)	Other Operations—(Silver Dressings)							
		Permanent Teeth	...	835	}			
		Temporary Teeth	...	906		Total	1741	
Scalings	...	...	...	...	...	...	—
Gum Dressings	...	...	...	...	...	...	—

Group V.—Uncleanliness and Verminous Conditions.

(1) Average number of visits per School made during the year by School Nurses	...	...	...	6
(2) Total number of Examinations made of Children in the Schools by School Nurses	...	...	...	151080
(3) Number of individual Children found unclean	...	...	...	3654
(4) Number of Children cleansed under arrangements made by the Local Education Authority	...	...	...	—
(5) Number of Cases in which Legal Proceedings were taken—				
(a) Under the Education Act, 1921	...	...	...	—
(b) Under School Attendance Bye-Laws	...	...	...	—

**MENTAL DEFICIENCY (NOTIFICATION OF
CHILDREN) REGULATIONS, 1928.**

Statement of the number of Children notified during the year ended 31st December, 1931, by the Local Education Authority to the Local Mental Deficiency Authority.

Total number of children notified 37

ANALYSIS OF THE ABOVE TOTAL.

Diagnosis.	Boys.	Girls.
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School :		
(a) Idiots	3	2
(b) Imbeciles	11	9
(c) Others	—	—
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children:		
(a) Moral Defectives	—	—
(b) Others	—	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	5	7
3. Feeble-minded children notified under Article 3, <i>i.e.</i> , "Special circumstances" cases	—	—

NOTE—No child should be notified under Article 3 until the Board have issued a formal certificate (Form 308M) to the Authority.

4. Children who in addition to being mentally defective were blind or deaf

NOTE—No blind or deaf child should be notified without reference to the Board—see Article 2, proviso (ii).

Grand Total	19	18
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APPENDIX II.—STATISTICAL TABLES.

Secondary Schools.

TABLE I.—Shewing Number of Children Examined at Different Ages.

[illegible]

Secondary Schools.

Table II.—Return of Defects found in the Course of Medical Inspection.

DEFECT OR DISEASE.	Routine Inspections.		Received Treatment.
	Referred for Treatment.	Not referred for Treatment.	
DEFECTIVE TEETH	127	—	112
MALNUTRITION	7	—	7
UNCLEANLINESS— Head	31	—	29
SKIN—			
Ringworm—			
Body	1	—	1
Scabies	1	—	1
Impetigo	1	—	1
Other Diseases (non-Tubercular)	9	1	8
EYE—			
Blepharitis	8	—	6
Conjunctivitis	5	—	2
Defective Vision	157	23	129
Squint	3	2	2
Other Conditions	1	4	1
EAR—			
Defective Hearing	6	5	3
Otitis Media	1	4	—
Other Ear Diseases	1	2	1
NOSE AND THROAT—			
Enlarged Tonsils only	33	21	24
Adenoids only	8	8	6
Enlarged Tonsils and Adenoids	19	10	18
Other Conditions	8	1	8
ENLARGED CERVICAL GLANDS (Non-Tuberculous)	1	1	1
DEFECTIVE SPEECH	4	1	2
HEART AND CIRCULATION—			
Heart Disease—			
Organic	16	14	15
Functional	16	20	11
Anæmia	31	—	27
LUNGS—			
Bronchitis	3	—	3
Other Non-Tubercular Diseases	—	4	—
TUBERCULOSIS—			
Pulmonary—			
Suspected	—	1	—
Non-Pulmonary—			
Other Forms	2	—	2
NERVOUS SYSTEM—			
Epilepsy	1	—	1
Other Conditions	2	5	2
DEFORMITIES—			
Rickets	1	—	—
Spinal Curvature	12	2	5
Round Shoulders	32	—	30
Post Scoliosis	12	—	8
Flat Feet	82	3	73
Other Forms	18	3	9
CONGENITAL SYPHILIS	—	1	—
OTHER DEFECTS AND DISEASES	21	15	16

